LEA Medicaid Billing - Service Documentation – Behavioral Paraprofessional

Student name:	Birthdate:	ICD 9 code(s):
School district:	Building:	

Services:

Date of	Time in	Time out	Total time	Service code	Procedure Code	Comments / Student response	Initials
Service			(minutes)	(see below)	(see codes below)		
	1		1				

Total time: _____ (minutes)

Service codes:

Ī	Snacktime monitoring = SM	Specials Monitoring (Art, music, PE) = SM	Escort off Bus = OB	Other Monitoring = OM
Ī	Recess Monitoring = RM	Activity Monitoring = AM	Escort to $Bus = EB$	Procedure Code T2001-U9 (transp)
Ī	Lunch Monitoring = LM	Closing Time Monitoring = CM	Sensory/Relaxation/Towel Time = ST	Procedure Code 96152 (Individual)
Ī	Bathroom Monitoring = BM	ABA Therapy = AT	Redirection = RD	Procedure Code 96153 (Group)

Service providers:

Signature	Initials	Position	Signature	Initials	Position
Signature	Initials	Position	Signature	Initials	Position
Signature	Initials	Position	Signature	Initials	Position
Signature	Initials	Position	Signature	Initials	Position

(12-31-07)